

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026384  
6573 STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED JUN 28 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>Bethia</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Sedalia</i>	
Length of stay in 1b <i>6 days</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <i>St. Louis-Little Rock</i> INSTITUTION <i>Hospitals, Inc.</i>		d. STREET ADDRESS (If outside, give location) <i>638 East 12th St</i>	
3. NAME OF DECEASED (Type or print) First <i>Roy</i> Middle <i>Rue</i> Last <i>Shelley</i>		4. DATE OF DEATH Month <i>June</i> Day <i>24</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-4-1892</i>
9. AGE (last birthday) <i>70</i>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pensar Shop Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	
11. BIRTHPLACE (City and state or country) <i>Lamonte, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>John Shelley</i>		13b. MOTHER'S MAIDEN NAME <i>Betty Edwards</i>	
14. NAME OF HUSBAND OR WIFE <i>Grace Shelley</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)	
16. SOCIAL SECURITY NO. <i>8171</i>		17. INFORMANT <i>Mrs. Grace Shelley, Sedalia, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CHRONIC DUODENAL ULCER BLEEDING</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>541.0</i> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>PAGETS DISEASE OF BONE</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>June 18, 1963</i> to <i>6-24-63</i> and last saw him alive on <i>June 23, 1963</i>		Death occurred at <i>3.20 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>John T. Vander</i>		22b. ADDRESS <i>1755 So Grand Blvd</i>	
22c. DATE SIGNED <i>6/25/63</i>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>June 26, 1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Sedalia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 24 1963</i>	
24. FUNERAL DIRECTOR <i>Ewings Funeral Home</i>		25. REGISTRAR'S SIGNATURE <i>Robert Smith, M.D.</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

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JUN 28 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.